

## Commercial Feed Manufacturer's/Distributor's License Application

Filing of this completed application and fee is required of a commercial feed manufacturer or distributor by Act No. 120 of 1975, as amended, to obtain a license; except that a distributor is not required to obtain a license to distribute a brand or product if the manufacturer is already licensed under section 4, subsection (1) of the Act. Any person manufacturing or distributing commercial feed without obtaining a Commercial Feed Manufacturer's/Distributor's License is guilty of a misdemeanor punishable by fine, imprisonment, or both at the discretion of the court.

**COMPLETE ALL APPLICABLE BLANKS AND BOXES. SIGN AND DATE BACK OF FORM.**  
**INCOMPLETE APPLICATIONS WILL BE RETURNED!**

In accordance with Act No. 120, Public Acts 1975 as amended, application is hereby made for Commercial Feed Manufacturer's/Distributor's License for the **year ending December 31, 20\_\_.**

- ① ☐ NEW (Product labels must accompany all first-time license applications.)  
☐ RENEWAL  
☐ DECLINE (Check here and return if you are no longer manufacturing or distributing commercial feed in Michigan.)

**\$25.00 License Fee required for each company manufacturing or distributing commercial feed.**

(Submit completed application with check or money order payable to **State of Michigan.**)

**Mail To:** MICHIGAN DEPARTMENT OF AGRICULTURE, P.O. Box 30017, Lansing, MI 48909

**PLEASE TYPE OR PRINT**

② Federal ID No. or Employer ID No. (EIN) \_\_\_\_\_

(For Department Use Only)

**\*Note:** Act No. 120, Sec. 5(c) and Regulation 635, Rule 2(c) require that the name and principal mailing address of the **licensee**, which includes street address, city, state, and zip code, must appear on the label of a commercial feed. However, if the street address is shown in the current city directory or telephone directory, it may be omitted from the label. Box numbers may be used on labels in place of a street address if the street address is shown in an appropriate directory.

③ **BUSINESS (LICENSEE) NAME / ADDRESS**  
(Read "Note" above right before completing this box.)

④ **MAILING ADDRESS**  
(If different from that shown in ③)

⑤ If street address is not shown on the label, is it listed in a current city directory or telephone directory? ☐ Yes ☐ No

⑥ **CONTACT PERSON** (Who would you like us to contact if there are questions about this application or other feed-related issues? Attach additional page, if necessary.)

Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Phone No: \_\_\_\_\_

FAX No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Internet Address: \_\_\_\_\_

**TO COMPLETE APPLICATION - GO TO REVERSE SIDE!**

⑦ **CHECK ALL THAT APPLY:**

- ☐ Yes ☐ No - Does your business manufacture (process, grind, extrude, mix, package, or blend) commercial feed<sup>a</sup> for distribution?<sup>b</sup>
- ☐ Yes ☐ No - Does your business manufacture commercial feeds<sup>a</sup> to the specifications of the **final** purchaser, i.e. manufacture customer-formula feeds?
- ☐ Yes ☐ No - Does your business distribute,<sup>b</sup> under your company's name and address, commercial feed<sup>a</sup> that was manufactured by a different company?
- ☐ Yes ☐ No - Do any of the commercial feeds<sup>a</sup> your business manufactures or distributes,<sup>b</sup> including customer-formula feeds, contain antibiotics or other drugs?
- ☐ Yes ☐ No - Does your business manufacture or distribute<sup>b</sup> any commercial feed<sup>a</sup> in mills or from warehouses located in Michigan? If yes, list below in ⑧.

<sup>a</sup>Commercial feed includes most materials distributed for use as feed, and ingredients for mixing in feed, for animals other than humans. (Refer to Act No. 120, P.A. 1975, Sec. 3 (c) for exceptions.)

<sup>b</sup>Distribute means to offer for sale, hold for sale, sell, barter, or otherwise supply commercial feed for feeding purposes.

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⑧ **Commercial feed manufacturing and/or feed distribution warehouse locations owned or operated by your business and located in Michigan:** (Attach additional page, if necessary)

Business Name (if different)	Complete Address	Telephone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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I This is to certify that the foregoing is true and accurate to the best of my knowledge and belief and that I will comply with the provisions of Act No. 120, P.A. of 1975 as amended and all regulations promulgated thereunder.

\_\_\_\_\_  
**Applicant (signature)**

\_\_\_\_\_  
**Date**

☐ **Owner**

\_\_\_\_\_  
**Please Print Name**

☐ **Authorized Representative (Title)**

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The Michigan Department of Agriculture (MDA) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. Questions or concerns should be directed to the MDA, Human Resources Division, P.O. Box 30017, Lansing, MI 48909.

Persons needing special accommodations to apply for the Commercial Feed Manufacturer's/Distributor's License should contact the MDA, Pesticide and Plant Pest Management Division, at (517) 373-1087.

This form is also available on the Michigan Department of Agriculture web site: <http://www.michigan.gov/mda>